



NELLIS COMPOSITE SQUADRON – CIVIL AIR PATROL
United States Air Force Auxiliary
ACTIVITY/EVENT PROPOSAL

I. Activity/Event Description:

Describe the nature of this Activity/Event indicating the topic, mission, and expected results for participants. Indicate the target participants (Cadets, Officers or both) and/or any prerequisites required.

Activity/Event Name and Description: _____

Activity/Event Mission: ☐ Cadet Programs ☐ Aerospace Education
☐ Emergency Services ☐ Professional Development
☐ Community Service ☐ Venture Crew
☐ Other _____

Expected Results: _____

Target Participants: ☐ Cadets ☐ Officers ☐ Parents

Prerequisites Required:

Cadets: _____
Officers: _____
Parents/Others: _____

II. Activity Information

Identify the applicable dates, times, and location of the planned activity/Event.

Date(s) of Activity: _____
Time(s) of Activity: _____
Location of Activity: _____
Required Uniform: _____

III. Required Resources:

Identify the types of resources necessary to accomplish the activity/Event.

CAP Sponsored Transportation: ☐ Yes ☐ No

If yes, describe the type of transportation being requested along with times and locations for pick-up and drop off.

POV Transportation:☐ Yes☐ No

If yes, describe the individual requirements needed for Privately Owned Vehicles (POV) to enter and exit the installation as may be applicable.

Lodging:☐ Yes☐ No

If yes, describe the types and location of required lodging and estimated nightly costs. In addition requirements for chaperons.

Meals:☐ Yes☐ No

If yes, describe the types and numbers of required meals and estimated daily costs.

CAP Supplied Equipment:☐ Yes☐ No

If yes, describe the type of equipment requested.

Member Supplied Equipment:☐ Yes☐ No

If yes, describe the type of equipment required.

IV. Activity Expenses:

How will the activity be paid for and what is the estimated cost per person?

Total Estimated Activity Expense: \$ ____ . ____

Total Estimated Per Person Member Expense: \$ ____ . ____

V. Activity Planning Committee:

Project Officer: _____
Assistant Project Officer: _____
Project Member: _____
Project Member: _____
Project Member: _____
Project Member: _____

VI. Approvals:

Activities Committee Chairperson: _____ Date: _____

Squadron Commander: _____ Date: _____